

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N089063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/29/2016
NAME OF PROVIDER OR SUPPLIER ATRIA HEARTHSTONE EAST		STREET ADDRESS, CITY, STATE, ZIP CODE 3415 SW 6TH AVENUE TOPEKA, KS 66606		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{S 000}	INITIAL COMMENTS The following citation represents the findings of a special revisit and abbreviated survey with complaint investigations 105896 and 105950 at the above assisted living facility conducted on 9-28-16 and 9-29-16.	{S 000}		
{S 115} SS=E	26-39-103 (d) Resident Right Inspection of Records (d) Inspection of records. (1) The administrator or operator shall ensure that each resident or resident's legal representative is afforded the right to inspect records pertaining to the resident. The administrator or operator, or the designee, shall provide a photocopy of the resident's record or requested sections of the resident's record to each resident or resident's legal representative within two working days of the request. If a fee is charged for the copy, the fee shall be reasonable and not exceed actual cost, including staff time. (2) The administrator or operator shall ensure access to each resident ' s records for inspection and photocopying by any representative of the department. This STANDARD is not met as evidenced by: KAR 26-39-103(d) The facility reported a census of 72 residents. The sample included 4 residents and 2 closed record review residents. Based on record review and interview for all residents, the administrator failed to ensure access to each resident's records for inspection and photocopying by any representative of the department. Finding included:	{S 115}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{S 115}	<p>Continued From page 1</p> <p>- On 9-28-16 at 3:50 p.m. during entrance interview, requested access to resident records. Administrative staff A and licensed staff B stated resident records are partially located in resident charts and partially on their electronic system (including nurse's notes, negotiated service agreements). Confirmed not able to provide username and password to access electronic records.</p> <p>Access to electronic resident records continues to be unavailable.</p> <p>For all residents, the administrator failed to ensure access to each resident's records for inspection and photocopying by any representative of the department.</p>	{S 115}		